

Case Number:	CM15-0002075		
Date Assigned:	01/13/2015	Date of Injury:	07/12/2011
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male, who sustained a work/ industrial injury on 7/12/11. He has reported symptoms of low back pain radiating down the right leg that have also radiated to the posterior thigh down to the foot. Mechanism of injury was not documented. Other diagnoses included depression and anxiety due to chronic pain. Treatment to date has included medications (Norco, Motrin, Prilosec, Lexapro, Trazodone, and Neurontin that was reported as helpful. A posterior laminectomy at L4-5 was done in 11/2011. The Magnetic Resonance Imaging (MRI) dated 6/12 revealed L4-5 residual disc protrusion and epidural fibrosis and severe disc degeneration at L5-S1. Electrodiagnostic studies were negative. Physical therapy was not performed within the past 12 months. The primary treating physician's report (PR-2) dated 11/13/14 reported continued low back pain with radicular symptoms in the right lower extremity with average pain being 6/10. Botox injection was recommended to the paraspinal muscles of the lumbar spine for the chronic low back pain and also 8 sessions of physical therapy to help reeducate the muscles. On 12/10/14, Utilization Review non-certified Botox injection 400 units and gave partial-certification for physical therapy (QTY:8) for low back pain to physical therapy (QTY:6) for low back pain, noting the Medical Treatment Utilization Schedule (MTUS) Chronic pain treatment guidelines and American College of Occupational and Environmental Medicine (ACOEM) Chapter 12 Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Botox injections, 400 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Botox

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin and Functional Restoration Programs Page(s): 26 and 49.

Decision rationale: Botulinum toxin is recommended for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (Chronic pain programs), were originally developed by [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this instance, Botulinum toxin therapy may be a reasonable option. However, there is no evidence from the submitted documentation that the injured worker is currently enrolled or soon to be enrolled in a functional restoration program. Therefore, Botox injections (400 units) is not medically necessary with reference to the cited guidelines.

Physical therapy for the low back #8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: The referenced guidelines allow for 10 physical therapy visits over 8 weeks for lumbar sprains and strains and for lumbar radiculopathy. It does not appear that the injured worker has had physical therapy recently. Therefore, Physical therapy for the low back #8 is medically necessary.